

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/719457

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4		1					54						
5							55						
6		1					56						
7							57						
8		1					58						
9							59						
10		1					60						
11							61						
12		1					62						
13							63						
14		1					64						
15							65						
16		1					66						
17							67						
18		1					68						
19							69						
20		1					70						
21							71						
22	1						72						
23		1					73						
24							74						
25		1					75						
26							76						
27		1					77						
28							78						
29		1					79						
30							80						
31		1					81						
32							82						
33		1					83						
34							84						
35		1					85						
36							86						
37		1					87						
38							88						
39		1					89						
40							90						
41		1					91						
42							92						
43		1					93						
44							94						
45		1					95						
46							96						
47		1					97						
48							98						
49		1					99						
50							100						
TOTAL	IND.	2					TOTAL	IND.					
TOTAL	DEP.	41					TOTAL	DEP.					
TOTAL	CLAIMS	43					TOTAL	CLAIMS					

BEST AVAILABLE COPY

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS